



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
615-741-1741 Fax 615-253-1179  
[www.tn.gov/commerce/boards/collect](http://www.tn.gov/commerce/boards/collect)

**APPLICATION FOR COLLECTION SERVICE BRANCH LICENSE**

THIS APPLICATION TO BE USED ONLY BY LICENSED AGENCY WHO DESIRES TO MAINTAIN A BRANCH OFFICE IN ADDITION TO THE PRINCIPAL PLACE OF BUSINESS. SEPARATE APPLICATIONS MUST BE FILED FOR EACH BRANCH OFFICE.

=====

FEES: LICENSE FEE	\$100.00 \$	_____
SOLICITORS CARD	\$ 25.00 \$	_____
PENALTY	\$100.00 \$	_____
<b>TOTAL</b>	<b>\$</b>	_____

=====

COLLECTION BRANCH OFFICE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

LOCATION \_\_\_\_\_

MANAGER \_\_\_\_\_  
NAME LICENSE NUMBER

PHONE NUMBER AND AREA  
CODE \_\_\_\_\_

NAME OF PRINCIPAL  
AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

**ONLINE APPLICATION**

**AFFIDAVIT:**

In compliance with the Tennessee Code Annotated, Title 62, Chapter 20, this application is submitted for a license to operate as a collection service in the State of Tennessee.

I certify that I have read this Act and are thoroughly familiar with the contents. Under penalties of perjury, I declare that all statements made herein are for the purposes of inducing the issuance of a license and that all questions have been answered and all accompanying documents have been stated to the best of my knowledge and belief and are true, correct and complete in every respect.

\_\_\_\_\_  
TYPE OR PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE